·								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR								P/606823				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL Type	EKTITY	. 03		RTHAN EKTITY
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 395.0	OP	BASIC FEE	790.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 25):	OR	·X501=.	
INDEPENDENT CLAIMS			ininus 3 =		•			Xw.		OR	×20=	
1.55	ULTIPLE DEFE	HOERT CLAIM P	RESENT			• 🖸 •			_	7		-, -
* If the difference in column 1 is less than zero, enter *0* in column 2								+150:		JOR OR		
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	THAN
	(Column 1) (Column 2) (Column 3)						<u> </u>	SMAL	LENTITY	OR		
UMENTA	12/21/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID I	SER SUSLY	PRESENT EXTRA		RATE	ADDI TIONA FEE	•	RATE	ADDI TIONAL FEE
	Total	. 20	Minus	- 2	3	=		X.ZS'=		OR	X\$50=	
NUS	Independent	. 3	Minus	3	3	=]	X+20:	1	OR	X200=	
	ISBST PROSENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		OR	4360=/	
							i	TOTA	1	-	TOTAL	
	(Column 1) (Column 2) (Column 3)							ADDIT. FE	Œ 	」 ○…	ADDIT. FEE	
ENT B	7/22/05	CLAIMS REMAINING AFTER ALIENDMENT		HIGHE NUMAS PREVIO PAID I	EST FER FUSLY	PHESSINT EXTRA		FATE	ADDI- TIOKA FEE	ì	PATE	ADDI- TIONAL FEE
NON	Totel	· 15	Minus	-23	>	=		*x2:=		OR	XS50=	
AMERON	Independent	1· 2	Klinus	- Z	3	= /		X 190=		OR	Y;#0:	
	FIRST PRESE	NTATION OF MU	JETIPLE DEI	PENDENT	CLAIM	<u> </u>	1	+150=		OR	+300=	
						•	Ĺ	TOTA DOIT, FEI		OB	TOTAL ADDIT, FEE	
		(Column 1)		(Calum	າດ 2)	(Column 3)	· ·	0011.1 2		_	, , , , , , , , , , , , , , , , , , ,	
SNTC		CLAIMS REMAINING AFTER - AMENDMENT		NUMB PREVIO PAID F	ST JER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL .FEE
AMENOMENT	Total .	•	Minus .	**		: =		X.25!=		OR	X\$ 5 0 =	
ME	Independent	• · ·	Minus	***		ē.		×100 =	1.	OR	X200:	
[FIRST PRESE	NTATION OF MU	LTIPLE DE	PENDENT	CLAIM		1	+150=	··· ·	OR	+300=	
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid Fox" IN THIS SPACE is less than 20, enter "20."								-	ا بر إ	TOTAL	
***	tf the "Highest Nu	mber Previously Pa inber Previously Paid iber Previously Paid	Id For IN TH	S SPACE K	less that	a 3. enter *		DOTT. FEE		-1 '	ADDIT, FEE! lumin 1	

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